

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4727HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2010
NAME OF PROVIDER OR SUPPLIER ALPHA STAR HOME HEALTH, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST KAREN AVE SUITE 218 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your agency on February 16, 2010 in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>Complaint #NV00023808 was unsubstantiated with unrelated deficiencies cited (See Tag #193 and Tag #195).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	H 00			
H193 SS=A	<p>449.797 Contents of Clinical Records</p> <p>10. A record of the termination of services, including the date and reason for termination and the time when the physician was notified of the termination.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency staff failed to document the date and reason for</p>	H193			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H193	Continued From page 1 termination, when the physician was notified, and the dispensation of a patient (Patient #1). Severity: 1 Scope: 1	H193			
H195 SS=C	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure physicians signed medical orders within 20 working days after receipt of verbal orders for 2 of 3 patients (Patient #1 and Patient #3). Severity: 1 Scope: 3	H195			

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